Application Data Sheet

Application Information	
Application number::	
Filing Date::	October 30, 2003
Application Type::	Non-Provisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Apparatus and Method for Diagnosis of
	Optically Identifiable Ophthalmic Conditions
Attorney Docket Number::	281-317
Request for Early Publication::	No .
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One:	

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name:: W.

Family Name:: Newman

Name Suffix::

City of Residence:: Auburn

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 110 N. Marvine Avenue

City of Mailing Address:: Auburn

State or Province of Mailing Address:: NY

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 13021

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Corinn

Middle Name:: C.

Family Name:: Fahrenkrug

Name Suffix::

City of Residence:: Liverpool

State or Province of Residence:: NY
Country of Residence:: US

Street of Mailing Address:: 322 Cameo Circle

City of Mailing Address:: Liverpool

State or Province of Mailing Address:: NY

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 13088

Correspondence Information

Correspondence Customer Number::

20874

Representative Information

Representative Customer Number::	20874

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Assignee Information

Assignee Name::

Welch Allyn, Inc.

Street of mailing address::

4341 State Street Road

City of mailing address::

Skaneateles Falls

State or Province of mailing address::

NY

Country of mailing address::

US

Postal or Zip Code of mailing address:: 13153